Form 990-T Department of the Treasury		Exempt Organization Bus and proxy tax und		ction 6033(e))	as netur		2012 pen to Public Inspection
nternal Revenue Service	Forc	alendar year 2012 or other tax year beginning		, and ending		5	01(c)(3) Organizations On
Check box if address changed	_	Name of organization (Check box if name of	•	•		(Emplo instruc	,
Exempt under section	Print	Maine Community Founda		•		_	_0391479
X 501(C)(3) 408(e) 220(e)		Number, street, and room or suite no. If a P.O. bo 245 Main Street	x, see in	structions.		E Unrelat (See ins	ed business activity codestructions)
408A530(a) 529(a)		City or town, state, and ZIP code Ellsworth, ME 04605				5230	000
		exemption number (see instructions)	<u> </u>				
at end of year 310,592,870.	G Check	corganization type X 501(c) corporation	n _	501(c) trust	401(a) trust		Other trust
	n's prim	ary unrelated business activity. ► Income	from	n partnersh	ips		
		poration a subsidiary in an affiliated group or a pare				Yes	X No
		tifying number of the parent corporation.					
The books are in care o	f ▶ i	James E. Geary		Teleph	one number 🕨	(207)	667-9735
Part I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expense		(C) Net
1 a Gross receipts or sal	es						
b Less returns and allo	wances	c Balance▶	1c				
2 Cost of goods sold (Schedule	A, line 7)	2				
3 Gross profit. Subtrac	t line 2 fr	rom line 1c	3				
		h Schedule D)	4a				
		art II, line 17) (attach Form 4797)	4b				
		sts	4c				
		ips and S corporations (attach statement)	5	-155,022.	Stmt		-155,022
			6				
		ne (Schedule E)	7				
		and rents from controlled organizations (Sch. F)	8			-	
		on 501(c)(7), (9), or (17) organization					
		· · · · · · · · · · · · · · · · · · ·	9				
		me (Schedule I)	10				
		e J)	11			***********	
		s; attach statement)	12	155 000			155 000
		gh 12	13	-155,022.			-155,022
		ot Taken Elsewhere (see instructions for utions, deductions must be directly connecte			s income)		
		rectors, and trustees (Schedule K)				14	
						15	
				· ·		16	
						17	
						18	
9 Taxes and licenses Charitable contribut	iono /	instructions for limitation rules) Stateme	n+ 1	3 Sec Stat	omon+ 2	19	0
					ement 2	20	0
		562) n Schedule A and elsewhere on return				206	
						22b	
		managation plans				24	
		mpensation plans				25	
		chedule I)				26	
		hedule J)				27	
		tement)				28	
9 Total deductions						29	0
		ncome before net operating loss deduction. Subtrac				30	-155,022
		(limited to the amount on line 30)				31	
		ncome before specific deduction. Subtract line 31 f.				32	-155,022
		\$1,000, but see instructions for exceptions)				33	1,000
		bble income. Subtract line 33 from line 32. If line					
T Uniterated busine						34	-155,022
						34	100,000

Excess		TIGHTO COMMIC	III V I		~11/	T110 •			01 03	,,,,,,	9
Pa	ırt III	Tax Computation									
	35 0	rganizations taxable as corporati	ons (see instr	uctions for tax o	comput	ation).					
	C	ontrolled group members (section	s 1561 and 15	563) check here		See instri	uctions and	1:			
	a E	nter your share of the \$50,000, \$2	5,000, and \$9	,925,000 taxab	e incon	ne brackets (ir	that order	·):			
	(1	\$	(2) \$			(3) \$					
	b E	nter organization's share of: (1) A	dditional 5% t	ax (not more th	an \$11,	750) \$					
	(2	2) Additional 3% tax (not more tha	ın \$100,000)			\$			_		
		come tax on the amount on line 3								► 35c	0.
		rusts taxable at trust rates (see in									
		Tax rate schedule or								36	
	37 P	roxy tax (see instructions)								37	
		Iternative minimum tax									
		otal. Add lines 37 and 38 to line 3									0.
Pa		Tax and Payments			_						
		oreign tax credit (corporations atta	ch Form 1118	3: trusts attach F	orm 11	16)		40a			
		ther credits (see instructions)				-		40b			
		eneral business credit. Attach Forr						_			
		redit for prior year minimum tax (a									
		otal credits. Add lines 40a throug								40e	
		ubtract line 40e from line 39									0.
	42 0	ther taxes. Check if from: Fo	rm 4255	Form 8611	Fo	rm 8697	Form 886	6	Other (attach statemen	t) 42	
		otal tax. Add lines 41 and 42							,	43	0.
		ayments: A 2011 overpayment cr						44a	1,838		
		012 estimated tax payments						44b			
		ax deposited with Form 8868						44c			
		oreign organizations: Tax paid or v						44d			
		ackup withholding (see instruction					1	44e			
		redit for small employer health ins						44f		-	
		ther credits and payments:		orm 2439				777			
		Form 4136		Other			_ otal ▶	440			
	45 To	otal payments. Add lines 44a thro								45	1,838.
		stimated tax penalty (see instruction									2,000
		ax due. If line 45 is less than the to								47	
		verpayment. If line 45 is larger tha								48	1,838.
		nter the amount of line 48 you war						838.		49	0.
Pa	rt V									, , ,	
1		time during the 2012 calendar yea								account (bank.	Yes No
	-	ties, or other) in a foreign country?	_			•			•		
	Accou	nts. If "Yes." enter the name of the	foreian count	rv here	,			'	v		X
2	During t	the tax year, did the organization receive see instructions for other forms the org	a distribution fro	om, or was it the g	rantor of	or transferor to,	a foreign trus	st?			X
3		he amount of tax-exempt interest									
Scl		le A - Cost of Goods So					N/A				
1	Invent	ory at beginning of year	1		6	inventory at	end of year	r		. 6	
2	Purcha	ises	2		7	Cost of good	is sold . Su	btract li	ne 6		
3	Cost o	f labor	3			from line 5. I				7	
4 a		nal section 263A costs (att. statement)	4a		8	Do the rules	of section	263A (v	rith respect to		Yes No
b	Other	costs (attach statement)	4b						for resale) apply to		
5		Add lines 1 through 4b	5			the organizat			, ., ., ., .,		
		Under penalties of perjury, I declare the	at I have examine	ed this return, inclu	uding acc	companying sche	edules and st	atements	and to the hest of my kr	nowledge and bel	ief, it is true,
Sig		correct, and complete. Declaration of p	reparer (other the	an taxpayer) is bas	ed on al	l information of w	thich prepare	r has any	_	March IDO dia	
Her	e e					Tre	asur	er/C	100	the preparer show	uss this retum with
		Signature of officer		Date		Title				instructions)?	
		Print/Type preparer's name		Preparer's si	gnature		Date)	Check	if PTIN	
Pa	id	, , , , , , , , , , , , , , , , , , ,		m		^		, ,	colf- amplayor	.	
		Nicholas E. Po	orto	///-	し、		- 111	19/1	3		310283
	epare	F. Dalson		1 & Nov	es				Firm's EIN)494526
US	e On		Box 5								
		Firm's address ▶ Por			12				Phone no.	(207)8	379-2100

223711 01-11-13

Form 886	68 (Rev. 1-2013)	:				Page 2
• If you	are filing for an Additional (Not Automatic) 3-Month E	xtension,	complete only Part II and check the	s box		► X
	nly complete Part II if you have already been granted an					
If you	are filing for an Automatic 3-Month Extension, comple	ete only Pa	art I (on page 1).			
Part II	Additional (Not Automatic) 3-Month E	Extensio	n of Time. Only file the origin	nal (no co	pies needed)	
			Enter filer's	identifying	g number, see in	structions
Type or	Name of exempt organization or other filer, see instru	uctions		Employer	identification nun	nber (EIN) or
print						
File by the	Maine Community Foundation,	Inc.			01-03914	79
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 245 Main Street	see instruc	ctions.	Social sec	urity number (SS	N)
instructions.	City, town or post office, state, and ZIP code. For a f Ellsworth, ME 04605	oreign add	dress, see instructions.			
Enter the	Return code for the return that this application is for (file	e a separa	ate application for each return)			0 1
Applicati	on	Return	Application			Return
ls For		Code	ls For			Code
Form 990	or Form 990-EZ	01				
Form 990	-BL	02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720			09
Form 990	PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11_
Form 990	-T (trust other than above)	06	Form 8870			12
STOP! Do	o not complete Part II if you were not already granted	d an auton	natic 3-month extension on a prev	iously filed	Form 8868.	
	James E. Geary					
	boks are in the care of > 245 Main Stree	t – E.				
	one No. ► (207) 667-9735		FAX No. ► (207) 667-			
	organization does not have an office or place of busines					
_	s for a Group Return, enter the organization's four digit					
box 🕨	. If it is for part of the group, check this box		ch a list with the names and EINs of	all member	s the extension is	s for.
		novem	per 15, 2013.			
	calendar year 2012 , or other tax year beginning $_$, and ending			·•
6 If th	e tax year entered in line 5 is for less than 12 months, c	heck reas	on: Lil Initial return L	Final ret	urn	
	☐ Change in accounting period					
	te in detail why you need the extension	~ a + b a =	the information		2227 + 2	
	ditional time is needed to			iecess	ary to	
pr	epare a complete and accurat	ce ret	curn.			
8a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		-	
	refundable credits. See instructions.			8a	\$	0.
	is application is for Form 990-PF, 990-T, 4720, or 6069,					
	payments made. Include any prior year overpayment all	owed as a	credit and any amount paid			^
	viously with Form 8868.			8b	\$	0.
c Bala	ance due. Subtract line 8b from line 8a. Include your pa	yment witl	h this form, if required, by using			
EFT	PS (Electronic Federal Tax Payment System). See instru				\$	0.
			t be completed for Part II o			. 11 - 4
Jnder pena t is true, co	lties of perjury, I declare that I have examined this form, includi prect, and complete, and that I am authorized to prepare this fo	ing accomp irm.	anying schedules and statements, and to	the best of n	ny knowledge and b	ellet,
Signature I				Date >	8/8/1	3
<u></u>					Form 8868 (Re	ev. 1-2013)

Form **8868**

(Rev. January 2013) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			▶ X
-	re filing for an Additional (Not Automatic) 3-Month Ex	-	, , ,		,	
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed F	orm 8868.	
Electronic	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of tir	me to file	(6 months for	a corporation
required to	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically f	file Form 8	3868 to reque	st an extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated W	/ith Certain
Personal E	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details	on the ele	ectronic filing o	of this form,
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time		submit original (no copies no	odod)		
						-
Part I only	tion required to file Form 990-T and requesting an autor	nauc o-mo	onth extension - check this box and	complete	,	▶ □
All other c	orporations (including 1120-C filers), partnerships, REM me tax returns.	iCs, and t	rusts must use Form 7004 to reques	st an exte	nsion of time	
Type or	Name of exempt organization or other filer, see instru	ctions.		Employe	er identification	n number (EIN) or
print	Maine Community Foundation	. Inc	_		01-039	91479
File by the due date for	Number, street, and room or suite no. If a P.O. box, s			Social se	ecurity numbe	
filing your return. See	245 Main Street					
instructions.	City, town or post office, state, and ZIP code. For a for Ellsworth, ME 04605	oreign add	dress, see instructions.			
Enter the F	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1
Applicatio	n	Return	Application			Return
ls For		Code	Is For			Code
Form 990 c	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-l	3L	02	Form 1041-A			08
Form 4720	(individual)	03	Form 4720			09
Form 990-l	PF	04	Form 5227			10
Form 990-	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-	(trust other than above)	06	Form 8870			12
Telepho	James E. Geary oks are in the care of \triangleright 245 Main Street one No. \triangleright (207) 667-9735		FAX No. ► (207) 667-			
	ganization does not have an office or place of business					🗀
 If this is 	for a Group Return, enter the organization's four digit (
box 🕨 L	. If it is for part of the group, check this box				ers the extens	sion is for.
	uest an automatic 3-month (6 months for a corporation August 15, 2013, to file the exempt		to file Form 990-T) extension of time tion return for the organization name		The extension	1
	the organization's return for:					
▶∐	$\underline{\underline{K}}$ calendar year $\underline{2012}$ or					
▶∟	tax year beginning	, and	d ending		— ·	
2 If the	tax year entered in line 1 is for less than 12 months, check the control of the c	neck reaso	on: Initial return I	Final retur	'n	
3a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, c efundable credits. See instructions.	or 6069, er	nter the tentative tax, less any	3a	\$	0.
	Signicable Ciecita, dee Italiuctiona,				- -	
		enter anv	refundable credits and	1		
b If this	application is for Form 990-PF, 990-T, 4720, or 6069,			3ь	\$	0.
b If this		ayment all	lowed as a credit.	3b	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Schedule C - Rent Inc	ome (Fr	om Real	Proper	rty and	l Personal	Proper	ty Lease	d With Rea	l Prop	erty)(see instructions)
1. Description of property										
/1\	•									
<u>(1)</u> <u>(2)</u>										
(3)										
(4)										
	2	. Rent receive	ed or accrue	ed						
(a) From personal property rent for personal propert 10% but not more t	y is more that		(b) F	of rent for p	nd personal proper ersonal property ex t is based on profit	xceeds 50%	centage or if			connected with the income in 2(b) (attach statement)
(1)										
(2)										
(3)										
_(4)						_				
Total		0.	Total				0.			
(c) Total income. Add totals of continuous and on page 1, Part I, line 6,	column (A))	🕨				0.	(b) Total deduction part I, line 6, column		• 0.
Schedule E - Unrelate	d Debt-	Financed	Incom	1e (see i	nstructions)					
					2. Gross in	come from			ectly conne	ected with or allocable d property
1. Description of	of debt-financ	ed property			or allocable financed	e to debt-	(a) :	Straight line deprec (attach statement		(b) Other deductions (attach statement)
(1)										
(2)										
(3)										
(4)										
4. Amount of average acquisitio debt on or allocable to debt-finant property (attach statement)		. debt-finar	adjusted ba llocable to nced proper statement)	ty	6. Column by colu			7. Gross income reportable (column 2 x column 6)		8 . Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)						9	/ ₆			
(2)						9	%			
(3)						0	/6			
_(4)							/6			
								ter here and on pag art I, line 7, column	A).	Enter here and on page 1, Part I, line 7, column (B).
Totals									0.	0.
Total dividends-received deduc									>	0.
Schedule F - Interest,	Annuitie	es, Royali	ties, ar	т.				ilzations (s	ee instru	ictions)
Name of controlled organiza	tion	2. Employer ide		Net un	3. irelated income see instructions)	Total	4. of specified	5. Part of column included in the organization's	controlling	g connected with income
				. , ,		,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(1)										
(2)										
(3)				-						
(4)										
Nonexempt Controlled Organi	T			1						
7. Taxable Income		unrelated income see instructions)		9. Tot	al of specified pay made	ments	in the cont	olumn 9 that is inclurolling organization' oss income	ided 11	. Deductions directly connected with income in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here a	lumns 5 and 10. and on page 1, Part 8, column (A).	l, Ei	Add columns 6 and 11. nter here and on page 1, Part I, line 8, column (B).
Totalo									0.	0 .
Totals		<u></u>	<u></u>	<u> </u>	<u></u>				U .	

Schedule G - Investm					raaniz	ation	01-0	33147.	Page 4
	structions)	oection .	,0 1 (C)(7), (9), Or (17) O	gariiz	ation			
1 . De	scription of income			2. Amount of income	direct	eductions ly connected h statement)		et-asides statement)	5. Total deductions and set-asides
(1)					(attac	n statement)			(col. 3 plus col. 4)
(2)									
(3)									_
(4)				Enter here and an page 1	300000000000000000000000000000000000000				Enter here and an negat
Totals				Enter here and on page 1, Part I, line 9, column (A).					Enter here and on page 1 Part I, line 9, column (B).
Schedule I - Exploited					ing Ind	ome			0.
(see Inst	ructions)			4. Net income (loss)			T .		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exper directly con with produ of unrelabusiness in	nected uction ited	from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	from a	oss income activity that t unrelated ess income	attrib	xpenses outable to lumn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I, ol. (B).		l		1		Enter here and on page 1, Part II, line 26.
Totals	0.		0.						0.
Schedule J - Advertis				antidated Danie					
Part I Income From	Periodicais Rep	ortea on	a Cons	solidated Basis	•				
				A Advantision					7
1. Name of periodical	2. Gross advertising income		Direct sing costs	 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7. 		Circulation income		dership	 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals (carry to Part II, line (5))		0.	0	•					0.
Part II Income From	Periodicals Rep				each per	riodical liste	d in Part I	l, fill in	
columns 2 throug	h 7 on a line-by-line ba	sis.)							
1. Name of periodical	2. Gross advertising income		Direct sing costs	4 · Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compu cols. 5 through 7.		Circulation income		dership sts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)									
(2)									
(3)									
(4)									
Totals from Part I		0.	0						0.
Totals, Part II (lines 1-5)	Enter here and o page 1, Part I, line 11, coi. (A).	page	ere and on 1, Part I, , col. (B).						Enter here and on page 1, Part II, line 27.
Schedule K - Comper					instruct	ions)		210200000000000000000000000000000000000	
		,				3. Perce			ensation attributable
	Name			2. Title		busine	ess	to unre	elated business
(1)							%		
(2)							%		
_(3)							%		
(4)							%		
Total. Enter here and on page 1.	Part II. line 14						•		0.

Form **990-T** (2012)

Form 990-T Income	e (Loss) from Partnerships	Statement 1
Description		Amount
Abrams Capital Partners I		-110.
Commonfund Natural Resources I		-32,869.
Commonfund Natural Resources I		-34,335.
Commonfund Natural Resources I Commonfund Capital Private Equ		-30,934. 7,997.
Commonfund Capital Private Equation Commonfund Capital Venture Par		-749.
Commonfund Capital Venture Par		-1,509.
Commonfund Capital Venture Par		-89 .
Commonfund Capital Venture Par		-29.
Davidson Kemper Institutional		51.
Legacy Venture III		2,546.
Legacy Venture IV		-14,130.
Metropolitan Real Estate Partr		-5,121.
Metropolitan Real Estate Partr		-26 , 555.
Metropolitan Real Estate Partr		-2,854.
Metropolitan Real Estate Partr		4,046.
Metropolitan Real Estate Partr Metropolitan Real Estate Partr		-73 .
Park Street Capital Natural Re		1,788. 7,293.
Park Street Capital Natural Re		-15,304.
Riva Capital Partners III		-111.
Stark Select Asset		-225.
Superior Mineral Resource		-147.
TIFF Partners I		-79.
TIFF Partners II		-13,520.
Total to Form 990-T, Page 1, 1	ine 5	-155,022.
Form 990-T	Contributions	Chatamant 2
		Statement 2
Description/Kind of Property	Method Used to Determine FMV	Amount
Various Grants	N/A	15,619,461.
Total to Form 990-T, Page 1, 1	Line 20	15,619,461.

Form 990-T	Contributions Summary		Statement	3
Qualified Contribution	ns Subject to 100% Limit			
Carryover of Prior Ye	ars Unused Contributions			
For Tax Year 2007	15,502,465			
For Tax Year 2008	14,716,125			
For Tax Year 2009	15,530,324			
For Tax Year 2010	13,567,282			
For Tax Year 2011	17,055,968			
Total Carryover		76,372,164		
Total Current Year 10	% Contributions	15,619,461		
Total Contributions A		91,991,625		
Taxable Income Limita	tion as Adjusted	0		
Excess 10% Contribution	ons	91,991,625		
Excess 100% Contribut:	ions	0		
Total Excess Contribu-	tions	91,991,625		
Allowable Contribution	ns Deduction			0
Total Contribution Dec	duction			0

Form **2220**

Name

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

Form 990-T

Employer identification number

Department of the Treasury Internal Revenue Service

Information about Form 2220 and its separate instructions is at www.irs.gov/form2220

OMB No. 1545-0142 2012

Form 2220 (2012)

	Maine Community Foundatio	n,	Inc.				01-0	391479
1000000	e: Generally, the corporation is not required to file Form 2220 corporation. However, the corporation may still use Form 2 penalty line of the corporation's income tax return, but do n	220	to figure the penalty. If so,	,			,	
F	Part I Required Annual Payment							
1	Total tax (see instructions)						1	
					1 1			
	ı Personal holding company tax (Schedule PH (Form 1120), lin				2a		_	
t	Look-back interest included on line 1 under section 460(b)(2)	for	completed long-term					
	contracts or section 167(g) for depreciation under the income	fore	cast method		2b		_	
	Credit for federal tax paid on fuels (see instructions)				2c		_	
	Total. Add lines 2a through 2c						2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do		·					
	does not owe the penalty						3	
4	Enter the tax shown on the corporation's 2011 income tax ret		,					
	or the tax year was for less than 12 months, skip this line a	nd e	nter the amount from line	3 on line	5		4	
5	Required annual payment. Enter the smaller of line 3 or line							
	enter the amount from line 3						5	
	Part II Reasons for Filing - Check the boxes beloweven if it does not owe a penalty (see instructions).	w th	at apply. If any boxes are o	checked, t	ne corporat	ion must file Form	2220	
6	The corporation is using the adjusted seasonal installing.							
7	The corporation is using the annualized income instal							
8	The corporation is a "large corporation" figuring its firs	st red	juired installment based or	i the prior	year's tax.			
\$166. s	Part III Figuring the Underpayment		(=)		/h\	(5)		(4)
9	Installment due dates. Enter in columns (a) through		(a)		(b)	(C)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9						
10	Required installments. If the box on line 6 and/or line 7							
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions							
	for the amounts to enter. If none of these boxes are checked,							
	enter 25% of line 5 above in each column.	10						
11	Estimated tax paid or credited for each period (see							
	instructions). For column (a) only, enter the amount							
	from line 11 on line 15	11						
	Complete lines 12 through 18 of one column before							
	going to the next column.							
12	Enter amount, if any, from line 18 of the preceding column	12						
13	Add lines 11 and 12	13						
14	Add amounts on lines 16 and 17 of the preceding column	14						
15	Subtract line 14 from line 13. If zero or less, enter -0	15						
16	If the amount on line 15 is zero, subtract line 13 from line							
	14. Otherwise, enter -0-	16						
17	Underpayment. If line 15 is less than or equal to line 10,							
	subtract line 15 from line 10. Then go to line 12 of the next							
	column. Otherwise, go to line 18	17						
18	Overpayment. If line 10 is less than line 15, subtract line 10							
	from line 15. Then go to line 12 of the next column	18						

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Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed

For Paperwork Reduction Act Notice, see separate instructions.

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Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
Enter the date of payment or t after the close of the tax year, instructions). (Form 990-PF a month instead of 3rd month.)	whichever is earlier (see and Form 990-T filers: Use 5th	19				
Number of days from due date of indate shown on line 19		20				
Number of days on line 20 after 4/1	5/2012 and before 7/1/2012	21				
Underpayment on line 17 x Number	r of days on line 21 x 3%	22	\$	\$	\$	\$
Number of days on line 20 after 06/	30/2012 and before 10/1/2012	23				
Underpayment on line 17 x Number	r of days on line 23 x 3%	24	\$	\$	\$	\$
Number of days on line 20 after 9/3	0/2012 and before 1/1/2013	25				
Underpayment on line 17 x Number	r of days on line 25 x 3%	26	\$	\$	\$	\$
Number of days on line 20 after 12/	31/2012 and before 4/1/2013	27				
Underpayment on line 17 x Number	r of days on line 27 x 3%	28	\$	\$	\$	\$
Number of days on line 20 after 3/3	1/2013 and before 7/1/2013	29				
Underpayment on line 17 x Number	of days on line 29 x *%	30	\$	\$	\$	\$
Number of days on line 20 after 6/3	0/2013 and before 10/01/2013	31				
Underpayment on line 17 x Number	of days on line 31 x *%	32	\$	\$	\$	\$
Number of days on line 20 after 9/3	0/2013 and before 1/1/2014	33				
Underpayment on line 17 x Number	of days on line 33 x *%	34	\$	\$	\$	\$
Number of days on line 20 after 12/	31/2013 and before 2/16/2014	35				
Underpayment on line 17 x Number	of days on line 35 x *%	36	\$	\$	\$	\$
		1 1		1		1

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

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Form **2220** (2012)